about two-third of the infant mortality rate consists of deaths during the first month of life. Most of these deaths takes place during the first week of life. This would mean that based on an infant mortality rate of 60 for the year 2003, 60 out of every 1000 children born in a year die during the first year of life (Infant Mortality Rate). Of these deaths, 27 occur during the first week of life and another 13 occur within the first 28 days of life. Thus it is not correct to say that 50% children born in the country die within first three-four weeks after birth.

Essential New born care and management of children with illnesses during the first 28 days of life has been included as a focused intervention under the RCH Programme for achieving reduction in deaths during the first 28 days of life. Under this, the health workers and families are being trained to provide essential care to the new boms which includes keeping the child warm, initiation of breastfeeding immediately after birth and prevention of infections.

Besides this, under the Reproductive and Child Health Programme (RCH) being implemented in all States of the country various other interventions for reduction of infant mortality rate are being implemented. These include immunization against fixed vaccine communicable diseases, control of death during diarrhea, control of deaths due to acute respiratory infections; prophylaxis against vitamin A deficiency and iron deficiency anaemia, essential new born care and promotion of exclusive breastfeeding and appropriate complementary feeding practices.

Fatality of TB to AIDS

2659. SHRI RAMA **MUNI** REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of people suffering from TB; State-wise;

(b) whether it is a fact that 1.8 million new infections are reported every year;

(c) if so, the details of infections reported during the last five years, State-wise and year-wise;

(d) whether it is also a fact that TB kills more people than AIDS, malaria, leprosy, etc; and

(e) if so, what emphasis Government are giving to eradicate TB?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) India accounts for one-filth of the Global annual incidence of TB. It is estimated that every year about 18 lakh new cases are occuring in the country of which approximately 8 lakhs are new smear positive and therefore highly infectious. However, the incidence of TB in India estimated by WHO at 168 cases per lakh population is lower than the rate of incidence in many other countries but due to the large population size in India, the actual number of patients in the country is larger.

It is estimated that about 40% of the population is infected by the TB bacillus. However, all the infected people do not develop disease, only 10% of those infected are likely to develop TB disease during their life time. As per latest estimate, national average of Annual Risk of Infection (ARI) is 1.5%. However, State-wise information in regard to TB infections is not available. A statement indicating State-wise details of patients detected and put on treatment during last five years under the Programme is given at Statement (See below).

(d) Yes, Sir.

(e) To control TB, National Tuberculosis Control Programme (NTCP) was launched in the country in 1962. This could not achieve the desired results. Therefore, Revised National TB Control Programme (RNTCP), widely known as DOTS, which is a WHO recommended strategy, with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, is being implemented in the country since year 1997 in a phased manner. Diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Presently, about 1065 million population in more than 607 districts/reporting units has been covered under the revised strategy. The Project districts have reported treatment success rate of more than 85% which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 49 lac patients on treatment thus averting more than 8.8 lac

death. Every month more than 1.0 lac patients are placed on DOTS. In 2004 alone, India placed over 11.87 lac cases on DOTS, more than any other country in a single year in the World. To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme. It is envisaged to cover the entire country under the Revised Strategy during the current financial year.

Statement

State-wise detail of TB cases detected and put on treatment during last 5 *years.*

SI. No	State	2000	2001	2002	2003	2004
1	A&N Islands	748	754	524	566	595
2	Andhra Pradesh	87672	95909	100505	119368	109365
3	Arunachal Pradesh	3525	2730	3123	2232	2057
4	Assam	18845	20022	18038	20459	28551
5	Bihar	41167	35272	37520	33361	24422
6	Chandigarh	1249	1872	1727	2058	2208
7	Chhattisgarh	0	9799	14295	15724	23822
8	D & N Haveli	177	0	0	0	0
9	Delhi	24105	26389	32604	38847	43809
10	Goa	1858	2623	1138	0	509
11	Gujarat	87561	72683	61415	73133	80626
12	Haryana	21862	28323	31703	30908	33606
13	Himachal Pradesh	10214	11283	12691	13312	13458
14	Jammu & Kashmir	8127	9472	9142	8632	6089
15	Jharkhand	577	14220	16336	13538	20031
16	Karnataka	58640	59652	57276	57449	65403
17	Kerala	21483	22798	23923	24878	25439
18	Madhya Pradesh	74970	69643	48675	54224	68260

Sl. No	State	2000	2001	2002	2003	2004
19	Maharashtra	167990	131537	117554	130676	143766
20	Manipur	2234	2766	5556	5095	5042
21	Meghalaya	2017	2760	2730	2669	3800
22	Mizoram	1172	1263	1456	1631	2035
23	Nagaland	994	1035	933	1763	2707
24	Orissa	18871	19474	27152	27080	43238
25	Pondicherry	3224	3212	2541	2322	1203
26	Punjab	29829	27885	20000	22449	23304
27	Rajasthan	66382	84655	93462	98144	105596
28	Sikkim	1675	1640	1250	1403	1724
29	Tamilnadu	74258	77574	80895	89616	96639
30	Tripura	1993	1947	1032	1197	924
31	Uttar Pradesh	225907	206197	207670	153459	164406
32	Uttaranchal	0	0	14725	11194	10872
33	West Bengal	82181	73275	81485	89836	104026
	TOTAL	1141507	1118664	1129076	1147223	1257532

MCI rules on foreign medical students

†2660. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that in violation of the orders of Honourable Supreme Court, the Medical Council of India (MCI) is permitting foreign medical students to practice without screening test;

(b) if so, the reasons therefore and the number of cases where such permission has so far been granted;

(c) whether it is a fact that in the MCI Act, it is mandatory for all the foreign medical students to undergo through screening test; and

†Original notice of the question was received in Hindi.